

FAQs on 2017 Pharmacy Benefit Administrator: OptumRx

On January 1, 2017, OptumRx officially replaced CVS/Caremark as our pharmacy benefit manager.

1. Who is OptumRx and what will OptumRx do for USNH employees and their dependents?

OptumRx is a leading pharmacy care services company managing prescription drug benefits for employers, unions, and government health plans. Using state-of-the-art technology, OptumRx serves the needs of more than 65 million people and fulfills more than one billion prescriptions. OptumRx is part of UnitedHealth Group Incorporated headquartered in Minnetonka, Minnesota, and has offices throughout the United States.

2. What are the advantages of moving to OptumRx?

The transition to OptumRx has allowed USNH and our employees to achieve substantial cost savings, further supporting our ability to offer a competitive, above average benefits program and minimize employee payroll contribution increases toward their medical and prescription drug plan in 2017. In addition, are participating in the Preferred University Rx Purchasing Coalition (PURPC), which will provide enhanced prescription drug products and PBM services for USNH and our members.

3. What is PURPC?

PURPC is a university group purchasing coalition for prescription drug products and pharmacy benefit management (PBM) services. PURPC delivers value to its customers by combining the covered membership to achieve better pricing, enhanced services, and account management. USNH has joined PURPC, alongside other institutions such as Boston University, Brown University, Cornell and St. Lawrence University.

4. When should I receive my OptumRx ID card?

New OptumRx ID cards were mailed in December 2016 and employees should have received them by 1/1/2017. If you did not receive your new card, please contact OptumRx at 866-633-5874 for a duplicate and/or to confirm mailing address. Go to www.optumrx.com to print a duplicate card.

5. Were USNH employees and family members disrupted by the change to OptumRx from CVS/Caremark?

We are pleased to report that disruption is very low. Based on our recent best estimate, only 4%¹ of prescriptions were disrupted, and only 0.7%¹ of members are taking a drug that is excluded (safe and effective lower cost options are available). This is due to formulary differences between OptumRx and CVS/Caremark. For many conditions, several comparable drugs are available, which include both brand and generic drugs. A formulary is a list of commonly prescribed medications that are preferred over other drugs that treat the same condition. OptumRx's Pharmacy and Therapeutics Committee, composed of physicians and pharmacists, reviews these FDA-approved medications for their safety and effectiveness, and selects the preferred medications in each class of drugs based on their clinical effectiveness and cost efficiency. Members received a letter prior to 1/1/2017 if their drug was:

- Moving to a higher tier
- Excluded
- Required a prior authorization that has not already been obtained (see below)
- Required step therapy or has new quantity limits (see below)

Members are not required to change their drug or take action, although their cost share will increase if they do not. If a member's drug is moving to a higher tier or is excluded, safe and effective alternatives will be included in the letter for the member to discuss with their doctor.

6. Are there retail price variations between OptumRx and CVS/Caremark?

Yes, for a number of reasons, including price inflation, negotiated rates and variable pricing that varies between retail pharmacies and mail order suppliers. Therefore, the full retail price will be different than under prior years' pricing – in some cases higher and, in others, it is lower. While this may not impact the copay you are paying, you will still see the new retail pricing displayed in the OptumRx member portal look-up tool. Through this transition, it is expected that USNH and USNH's employees and family members will see a small price reduction in aggregate. To ensure this, OptumRx actively reviews their pricing for market competitiveness on a quarterly basis and makes adjustments accordingly.

7. Where can I get my prescriptions?

OptumRx has a large network of national retail and local pharmacies. These include such well known chains as CVS, Rite Aid and Walgreens and pharmacies located inside stores such as Walmart and Hannaford's. To search for pharmacies near you visit <https://www.optumrx.com/pdpclientpharmacy/pharmacylocatorclient.asp>

8. What is the OptumRx formulary?

A drug formulary is a list of prescription drugs, both generic and brand name, used by insurance plans to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary. OptumRx released their 2017 formulary on October 18, 2016 and members can look up their drug's formulary status, including tier level and full retail price (for those in the HSA plan) through OptumRx's portal here: [2017 Drug Lookup Tool](#) In addition, the actual formulary document can be found here: <http://www.usnh.edu/hr/pdf/OPTUMRx2017Formulary.pdf>

Drugs may be considered generic (tier 1), preferred (tier 2) or non-preferred (tier 3). Choosing a generic or preferred drug over a non-preferred equivalent when it is appropriate can provide access to the necessary medications to stay healthy, but at a lower cost for the member.

- 9. What if members have a prior authorization (PA) through CVS/Caremark? Or, what if a drug now requires a PA through OptumRx?** We are working closely with CVS to ensure these prior authorizations and expiration dates were transferred to OptumRx². However, if members received a letter indicating they need a new PA, they will be instructed to call OptumRx to obtain more information. Members will need to work with their doctors to get the PA information requested by OptumRx.

10. What if a member's prescription requires step therapy and/or has quantity limits?

Step therapy programs and quantity limits are in place to ensure appropriate use of medications. Step therapy requires that members try a medication(s) proven to be clinically similar and effective to other costlier medications used to treat the same condition. We are working with OptumRx to ensure anyone who has completed a step therapy program with CVS will not be required to complete the program again with OptumRx. Additionally, some medications have a required quantity limit when being filled. If there is a new or revised quantity limit on a member's medication, they will receive a letter in the mail. Members who need additional medication over the quantity limit can work with their doctor to complete the prior authorization process.

11. What if members are filling a mail order prescription through CVS?

OptumRx received an Open Refill Transfer File from CVS that contains those prescriptions with valid refills². Mail order prescriptions with open refills will transfer over to OptumRx. However, drugs that are compounds, controlled substances, or have no fills remaining did not transfer. Members who need to sign up for mail order can go online, call or mail in their completed mail order form. Instructions were included in the Welcome Letter sent to all covered employees prior to 1/1/2017.

12. What if members are taking a specialty medication through CVS?

Previously, members filled their scripts through CVS/Specialty. Effective 1/1/2017, BrivoRx became our exclusive specialty pharmacy. With BrivoRx, an experienced Patient Care Coordinator will call applicable USNH members each month to coordinate their next medication delivery. Members will also have access to experienced pharmacists and nurses who can provide information on the medication and help manage side effects. BrivoRx will ship medications wherever the member needs it, at no cost to the member.

13. How do I fill a prescription for a manufacturer-specific generic medication?

At times, a healthcare provider may require that a member utilize a manufacturer-specific generic drug. OptumRx can fill these types of prescriptions through retail pharmacies only.

OptumRx Home Delivery cannot guarantee a specific manufacturer. If a member tries to fill a prescription with this requirement through the Home Delivery service, they will be redirected to a member services representative who will discuss an override procedure. This will allow the member to fill the prescription at a retail location, but at the Home Delivery quantity and price. This process generally takes 24 hours for review, at which point the member or healthcare provider will need to submit the prescription to a retail pharmacy (due to compliance rules, OptumRx can't transfer a prescription to retail on a member's behalf).

14. To review the September 2016 employee information session materials describing our overall 2017 benefits plan changes, please click on this link: <http://www.usnh.edu/hr/pdf/USNHEEInfoSessionDoc.pdf>

¹ Based on a point in time. As USNH enrollment, prescription utilization and formularies change, this number may fluctuate.

² Only Prior Authorizations and valid Mail Order scripts with open refills that are on file with CVS and successfully transferred in the transition process will be received from OptumRx.